

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	J.P.	JCHM	04/20/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral)... Canceled  
÷ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim		Date			
Final	Original				
1	✓	✓	✓	✓	
2	✓	✓	✓	✓	
3	✓	✓	✓	✓	
4	✓	✓	✓	✓	
5	✓	✓	✓	✓	
6	✓	✓	✓	✓	
7	✓	✓	✓	✓	11
8	✓	✓	✓	✓	
9	✓	✓	✓	✓	12
10	✓	✓	✓	✓	
11	✓	✓	✓	✓	
12	✓	✓	✓	✓	
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Claim		Date			
Final	Original				
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Claim		Date			
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If more than 150 claims or 10 actions  
staple additional sheet here

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